| *Form 990-T   | Exempt Organization Bu   |           |  | ax Return                               | F           | OMB No 1545-0687   |
|---|--|-----------|--|---|-------------|--|
| • •   | (and proxy tax und   | der se    |  |   |             | 2018   |
|   | Go to www.irs gov/Form990T for   | instructi | , and ending<br>ions and the latest inform |   | -           | 2010   |
| Department of the Treasury<br>Internal Revenue Service          | Do not enter SSN numbers on this form as it ma   |           |  | ation is a 501(c)(3).                   | 1           | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed                                  | Name of organization ( Check box if name SENIOR HOUSING CRIME 1                              |           |  |   | Empl        | oyer identification number<br>oyees' trust, see<br>ctions) |
| B Exempt under section  | Print FOUNDATION, INC.   |           | ·  |   |             | 2-1820498  |
| X 501(c)3)  | Or Number, street, and room or suite no. If a P.O by   |           |  |   |             | ated business activity code<br>instructions )              |
| 408(e) 220(e)   | SIUU POPLAR AVENUE, N  |           |  |   |             |  |
| 408A530(a)<br>529(a)  | City or town, state or province, country, and ZIP MEMPHIS, TN 38137                          | or foreig | gn postał code                             |   | 900         | 099  |
| C Book value of all assets at end of year                       | F Group exemption number (See instructions.)   | <u> </u>  |  | 1 1 1044 )                              |             | 1 100 1 1  |
| 99,115,4  | 47. G Check organization type ► X 501(c) co  | rporatio  | n 501(c) trust                             | 401(a) 1                                |             | Other trust  |
| H Enter the number of the                                       | organization's unrelated trades or dusinesses.   | 1         | Describe                                   | the only (or first) unru                |             | than and   |
|   | ► SEE STATEMENT 1  lank space at the end of the previous sentence, complete F                | Porto Los |  | complete Parts I-V. If                  |             |  |
| business, then complete   |  | aris i ai | nu n, compiete a scheduk                   | S IVI TOT CAUT AUUTIONA                 | ii ii auc   | : 01   |
|   | the corporation a subsidiary in an affiliated group or a part                                | ent-subs  | sidiary controlled group?                  | <b>—</b>                                | Ye          | s X No   |
|   | and identifying number of the parent corporation   | JII. 3000 | naidly controlled group                    | _                                       |             |  |
|   | ► KRISTA ROYAL   |           | Teleph                                     | one number > 32                         | 20-         | 352-7366   |
|   | d Trade or Business Income   |           | (A) Income                                 | (B) Expenses                            |             | (C) Net  |
| 1a Gross receipts or sale                                       | es   |           |  | • |             | *  |
| b Less returns and allow  | wances c Balance   | 1c        |  |   |             |  |
| 2 Cost of goods sold (S   | Schedule A, line 7)  | 2         |  | • T                                     |             |  |
| 3 Gross profit. Subtract  |  | 3         | _  | •                                       |             |  |
| 4a Capital gain net incon                                       | · ·  | 4a        |  |   | ,           |  |
|   | 4797, Part II, line 17) (attach Form 4797)   | 4b        |  | ` `                                     | <del></del> |  |
| c Capital loss deduction  |  | 4c<br>5   |  |   |             |  |
|   | partnership or an S corporation (attach statement)   | 6         |  |   |             |  |
| 6 Rent income (Schedu 7 Unrelated debt-finance                  | ed income (Schedule E)   | 7         | 3,214,036.                                 | 2,552,08                                | 83.         | 661,953.   |
|   | yalties, and rents from a controlled organization (Schedule F                                | _         | 3,221,0300                                 | 2,002,0                                 | -           |  |
|   | f a section 501(c)(7), (9), or (17) organization (Schedule G                                 |           |  | <del></del>                             |             |  |
|   | vity income (Schedule I)   | 10        |  |   |             |  |
| 11 Advertising income (S  | Schedule J)  | 11        |  |   |             |  |
| 12 Other income (See in:  | structions; attach schedule)   | 12        |  |   | •           |  |
| 13 Total. Combine lines   | 3 through 12   | 13        | 3,214,036.                                 | 2,552,08                                | 83.         | 661,953.   |
|   | ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connect |           |  | s income )                              |             |  |
| 14 Compensation of off  | ficers, directors, and trustees (Schedule K)   |           |  |   | 14          |  |
| 15 Salaries and wages   | , , ,  |           |  |   | 15          |  |
| 16 Repairs and mainter  | nance  |           |  |   | 16          |  |
| 17 Bad debts  |  |           |  |   | 17          |  |
| 18 Interest (attach sche  | edule) (see instructions)  |           |  |   | 18          | FO 672   |
| 19 Taxes and licenses   |  |           |  | -                                       | 19          | 50,672.  |
|   | ions (See instructions for limitation rules)   |           | Loui                                       | -                                       | 20          |  |
| 21 Depreciation (attach   |  |           | 21<br>22a                                  |   | 22b         |  |
|   | aimed on Schedule A and elsewhere phreturn RECE  | IAFI      | J 1  |   | 23          |  |
| <ul><li>23 Depletion</li><li>24 Contributions to defi</li></ul> | · · · · · · · · · · · · · · · · · · ·  |           |  | -                                       | 24          |  |
| 25 Employee benefit pro   | 1001 1001 0  | 1 201     | 19 19                                      | ŀ                                       | 25          | <del></del>  |
| 26 Excess exempt expe   |  |           | 18 -0SC                                    | ļ                                       | 26          |  |
| 27 Excess readership c  |  | - NI N    |  | ļ                                       | 27          |  |
| 28 Other deductions (at   | ttach schedule) OGDE   | =14, '    |  | ļ                                       | 28          |  |
|   | dd lines 14 through 28   |           |  |   | 29          | 50,672.  |
|   | taxable income before net operating loss deduction. Subtra                                   |           |  |   | 30          | 611,281.   |
|   | perating loss arising in tax years beginning on or after Janu                                | iary 1, 2 | 018 (see instructions)                     |   | 31          |  |
| -   | taxable income. Subtract line 31 from line 30  | _         |  |   | 32          | 611,281.   |
| 823701 01-09-19 LHA F   | or Paperwork Reduction Act Notice, see instructions.   | _         |  |   | )           | Form <b>990-T</b> (2018)                                   |

| 50 a Payments: A 2017 overpayment credited to 2018  b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f C credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 form 4136 form 4136 form 2220 is attached form 8941) form 4136 form 4136 form 2220 is attached form 8941, and 612, enter amount owed for experiment. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid for either the amount of line 54 you want: Credited to 2019 estimated tax form 15, 918. Refunded for either the amount of line 54 you want: Credited to 2019 estimated tax form 2439  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  6 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country lift "Yes," enter the name of the foreign country lift "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Credited to 2019 as the financial Accounts. If "Yes," enter the name of the foreign country lift "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Credited to 2019 as the financial Accounts. If "Yes," enter the name of the foreign country lift "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Credited to 2019 as the financial Accounts. If "Yes," enter the name of the foreign country lift "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Credited to 2019 as the financial Accounts. If "Yes," enter the name of the foreign country lift "Yes," see instruc  | Form 990- | T(2018) FOUNDATION, INC.   | 2-1820          | 498       |                    | Page 2      |
|---|-----------|--|-----------------|-----------|--------------------|-------------|
| 34 Amounts paid for dealbwed frings 35 Defection for nat operating loss arrange it as years beginning before January 1, 2016 (see instructions) 36 Total of a method basiness trabal with a common before specific deduction. Subtract line 35 from the sum of lines 3 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Gents file smaller of zero or line 36 39 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trans Taxable as Corporations. Multiply line 38 by 21% (0.21) 41 Plany tax. See instructions 42 Alternative numbers tax (inclusions) for tax corporation, income tax on the amount on line 38 from:  | Part      | II Total Unrelated Business Taxable Income   |                 |           |                    |             |
| Section between first end provided joss arrising in the years beginning before shared v. 1 to 1 t   | 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                         |                 | 33        | 611,               | 281.        |
| Total of unveilated assenses taxable mome before specific deduction. Subtract line 35 from the sum of lines 33 and 39  38   | 34        | Amounts paid for disallowed fringes  |                 | 34        |                    |             |
| Inter S3 and 34  7 Speached collection (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 instructions for exceptions)  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  40 Trests Taxable at Trust Retach. See instructions for lax computation. Income tax on the amount on line 38 from:    Tax rate schedule or   Schedule 0 (Form 1041)   | 35        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)                              | L               | 35        |                    |             |
| 37   1,000  | 36        | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of                                 |                 |           |                    |             |
| Separate Numbers Separate Numbers Subvivact line 37 from inn 38 if hes 37 is greater than line 38, separate Numbers Number 12 in the 38 is a 610 , 281  |           | lines 33 and 34  | L               | 36        | 611,               | 281.        |
| enter the smaller of zero or line 38  | 37        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  |                 | 37        | 1,                 | 000.        |
| Part IV   Tax Computation   | 38        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,                                  |                 |           |                    | -           |
| 39   Organizations Taxable at Total Rates, See instructions for tax computation, income tax on the amount on line 38 from:  |           | enter the smaller of zero or line 36   |                 | 38        | 610,               | 281.        |
| Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from;    Tax rate schedule or   Schedule D (Form 1041)   41  | Part I    | V Tax Computation  |                 |           |                    |             |
| Tax cate schedule or   Schedule O (Form 1041)   41   42   43   44   42   44   42   43   44   42   43   44   44  | 39        | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)  | <b>•</b>        | 39        | 128,               | 159.        |
| 42 Alternative minimum tax (trusts only) 43 Tax on Noncomplian Facility Income. See instructions 44 Total Add intex 41, 42, and 43 to line 39 or 40, whichever applies 47 A Total Add intex 41, 42, and 43 to line 39 or 40, whichever applies 48 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 48 Differentiation for the Composition of the Compositi   | 40        | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:                         |                 |           |                    | -           |
| Alternative minimum tax (trusts only)   42   43   44   128,155  |           | Tax rate schedule or Schedule D (Form 1041)  | ▶               | 40        |                    |             |
| Alternative minimum tax (trusts only)   42   43   44   128,155  | 41        | Proxy tax. See instructions  | ▶□              | 41        |                    |             |
| Total Add lines 41, 42, and 43 bine 39 or 40, whichever applies   | 42        |  |                 | 42        |                    |             |
| Part V   Tax and Payments   | 43        | Tax on Noncompliant Facility Income. See instructions  |                 | 43        |                    |             |
| 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   45b   50  | 44        | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | Γ               | 44        | 128,               | 159.        |
| 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   45b   50  | Part \    |  |                 |           |                    |             |
| b Other credits (see instructions) c General business credit. Attach Form 8801 or 8827) c Total credits. Add lines 43a through 45d  45 Subtract line 45e from line 44  47 Other taxes, Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (intrach schedule) 48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 955 ax habitily paid from Form 965-Av Form 965-B, Part II, column (k), line 2  50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8685  6 Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: ☐ Grim 2439 ☐ Form 4136  50 Total payments. Add lines 50a through 500 51 Total payments. Add lines 50a through 500 52 Estimated tax penalty (see instructions). Check if Form 2439 ☐ Form 4136  53 Tax due I fine 51 is larger than the total of lines 48, 49, and 52, enter amount overpad 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpad 55 Attaments Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a rhancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  57 During the tax year, did the organization receive a distribution from, or was if the grantion of orther forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," the organization of the foreign country have to file FinCEN Form 114, Report of Foreign bank and Financial Accounts. If "Yes," the organization of which propere has any knowledge  Popular of officer  Firm's andress ➤ FAILEFAX, VA 22033    |           |  |                 |           |                    |             |
| C General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total recettis. Add lines 43 fat through 45d  45 Subtract line 45e from line 44 d Other taxes. Check if from:   Form 4255   Form 8611   Form 8697   Form 8866   Other (intuch schedule) d Total tax. Add lines 45 and 47 (see instructions) d 128, 155 d 2018 estimated 5x abolity paid from Form 955-A or Form 956-B, Part II, column (k), line 2 50 a Payments. 2017 overgayment credited to 2018 b 2018 estimated tax payments c 1ax deposited with Form 8868 d Foreign organizations; 1ax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:   Form 2439   |           |  |                 |           |                    |             |
| Credit for prior year minimum tax (attach Form 8801 or 8827)   456        | c         |  |                 | 1         |                    |             |
| a Total credits. Add lines 45a through 45d  45 Subtract line 45e from line 44  47 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8696 ☐ Other (witach schedule)  48 128,155  49 2018 net 965 tax labelity paid from Form 955-A or Form 955-B, Part II, column (k), line 2  50 a Payments: A 2017 overpayment credited to 2018  50 a Payments: A 2017 overpayment credited to 2018  50 a Payments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  50 a Dayments: A 2017 overpayment credited to 2018  51 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions). Check if Form 2439  52 Estimated tax penalty (see instructions). Check if Form 2220 is attached b S2  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpad  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpad  55 Enter the amount of line 54 you want Credited to 2019 estimated tax b 15, 918. Refunded 55  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature of other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FincEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country? If "Yes," see instructions for other forms the organization have an interest in or a signature or other authority over a francial account (bank, securities, or other) in a foreign country? If   | ٥         |  |                 |           |                    |             |
| 46 Subtract line 45e from line 44  47 Other taxes. Check if from:   |           |  |                 | 150       |                    |             |
| Total tax. Add lines 46 and 47 (see instructions)  7  |           | · ·  |                 | -         | 128                | 159         |
| 48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax lability paid from Form 965-8, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 50 a Payments: A 2017 overpayment credited to 2018 50 a Payments: A 2017 overpayment credited to 2018 50 a Dayments: A 2017 overpayment credited to 2018 50 a Dayments: A 2017 overpayment credited to 2018 50 b D 128,500. 50 c D 128   | _         |  | <b>⊢</b>        |           | 120,               | 137.        |
| 49 2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  50a   |           |  | -               | -         | 128                | 150         |
| b 2018 estimated tax payments:  c Tax deposited with Form 8868  d Foreign organizations. Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments:  Total payments. Add lines 50a through 50g  f Total payments. Add lines 50a through 50g  50f  1 Total payments. Add lines 50a through 50g  51 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want Credited to 2019 a stimated tax  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority  over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FincEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  here ▶  70 During the lax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of time Exempt integer received or accrued during the tax year ▶  Sign Under penalties of Genury, I declare the Time organization may have to file.  Firm's early preparer's name  Preparer's signature  Print/Type preparer   |           | ·  | <u> </u>        |           | 120,               | 0.          |
| b 2018 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 50a through 50g 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 55 Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 55 Touring the development of lines 49, and 52, enter amount overpaid 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 60 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file 61 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enler the name of the foreign country 63 here 64 New Yes Now the file of the organization may have to file 65 Enter the amount of tax-exempt influest received or accrued during the tax year \$ 65 Under penalties exclusively. Jeckers high three subminarion accompanying exhedutes and statements, and to the best of my knowledge and belief, it is true. 65 Enter the amount of files prepared to the true including accompanying exhedutes and statements, and to the best of my knowledge and belief, it is true. 65 If "Yes," see instructions for other forms the organization may have to file. 65 Enter the amount of differ Primits and to the best of my knowledge and belief, it is true. 65 If "Yes," is ensured to file the prepared shown below (see manufacti |           |  |                 | 49        |                    |             |
| c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments;  |           | Payments: A 2017 overpayment credited to 2018  | , 5 / / •       |           |                    |             |
| d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments:  |           |  | , 500.          |           |                    |             |
| e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments: Form 2439  Form 4136   |           |  |                 |           |                    |             |
| f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total ▶  1 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶  15, 918. Refunded  55 Refunded  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was if the granter of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of the exempt influences received of vaccrued during the tax year ▶  Signature of officer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  DIRECTOR  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N  Way the IRS discuss this return with the preparer shown below (see instructions)? X Yes N  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Self-employed  Print/Self PTIN  Firm's name ▶ PBMARES, LLP  12150 MONUMENT DRIVE, SUITE 350  Firm's address ▶ FAIRFAX, VA 22033  Phone no. 703-385-8577  |           | ,  |                 |           |                    |             |
| Other credits, adjustments, and payments:   |           |  |                 |           |                    |             |
| Form 4136   |           |  |                 |           |                    |             |
| 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶  | 9         |  |                 |           |                    |             |
| 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶ 54  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 15, 918. Refunded ▶ 55  Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 15, 918. Refunded ▶ 55  Over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2  To During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 2  Sign Under penalties of Gerjury, I declare they! have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Sign Here Signature of officer Date Title May the IRS discuss this return with the preparer has any knowledge matched the preparer shown below (see instructions)? ▼ Yes ■ Nowledge PBMARES, LLP  |           | <del></del>  |                 |           |                    |             |
| Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed    53   | 51        | Total payments. Add lines 50a through 50g  | <b>—</b>        |           | 144,               | <u>077.</u> |
| Statements Regarding Certain Activities and Other Information (see instructions)  Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  57 During the tax year, did the organization receive a distribution from, or was if the granter of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of the exempt integest received or accrued during the tax year ▶\$  Sign Here  Under penalties of exirty. I declare this have extempted this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Date of the trust appropriate than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Director  Title  Date  Check X if PTIN  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N  Point/Type preparer's name  Penalty preparer's name  Penalty KEVIN F. REILLY (99/30/19)  Firm's name ▶ PBMARES, LLP  Firm's name ▶ PBMARES, LLP  Firm's name ▶ PBMARES, LLP  Firm's address ▶ FAIRFAX, VA 22033  Phone no. 703-385-8577   | 52        | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | L               | 52        |                    |             |
| Enter the amount of line 54 you want. Credited to 2019 estimated tax  | 53        | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  | ▶ _             | 53        | <del>.</del>       |             |
| Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  58 Enter the amount of tax exempt integer received or accrued during the tax year ▶  Sign Under penalties of the pry, I declare the 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete preparer forms the organization of which preparer has any knowledge  Print/Type preparer's name Preparer's signature Directors  Print/Type preparer's name Preparer's signature Date Check X if PTIN self-employed Firm's name ▶ PBMARES, LLP Firm's name ▶ PBMARES, LLP Firm's EIN ▶ 54-0737372  12150 MONUMENT DRIVE, SUITE 350  Phone no. 703-385-8577  | 54        |  | ▶ _             | 54        | 15,                |             |
| Sign Here  Print/Type preparer's name  Preparer  Use Only  Firm's address  FAIRFAX, VA 22033  Phone no. 703-385-8577  Print's address  FAIRFAX, VA 22033  Phone no. 703-385-8577  | 55        |  |                 | 55        |                    | 0.          |
| over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  57  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58  Enter the amount of tax exempt interest received or accrued during the tax year  Under penalties or derury, I declare the I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dos Gripper for than taxpayer is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN self- employed  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN self- employed  Print's name PBMARES, LLP Firm's name PBMARES, LLP  Firm's address FAIRFAX, VA 22033  Phone no. 703-385-8577   | Part \    | Statements Regarding Certain Activities and Other Information (see instruction   | ıs)             |           |                    |             |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of tax exempt interest received or accrued during the tax year \$  Sign  Under penalties of Serury, I declare that I have extinined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dackfluor or preparer forther than taxpayer) is based on all information of which preparer has any knowledge  Pittle  Paid  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN self-employed self-employed self-employed  Firm's name PBMARES, LLP  12150 MONUMENT DRIVE, SUITE 350  Firm's address  FAIRFAX, VA 22033  Phone no. 703-385-8577  | 56        |  |                 |           | Yes                | No          |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of tax exempt interest received or accrued during the tax year \$  Sign  Under penalties of Serury, I declare that I have extinined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dackfluor or preparer forther than taxpayer) is based on all information of which preparer has any knowledge  Pittle  Paid  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN self-employed self-employed self-employed  Firm's name PBMARES, LLP  12150 MONUMENT DRIVE, SUITE 350  Firm's address  FAIRFAX, VA 22033  Phone no. 703-385-8577  |           | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file                |                 |           |                    | $T^{T}$     |
| During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax exempt integest received or accrued during the tax year ▶\$    Sign   |           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country                        |                 |           |                    |             |
| If "Yes," see instructions for other forms the organization may have to file.  58 Enter the amount of tax exempt into est received or accrued during the tax year \$  Sign Here  Under penalties other rury, I declare the I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete DackBluss of preparer fother than tax payer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes N  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN self-employed  REVIN F. REILLY KEVIN F. REILLY 09/30/19  Firm's name PBMARES, LLP  12150 MONUMENT DRIVE, SUITE 350  Firm's address  FAIRFAX, VA 22033  Phone no. 703-385-8577   |           | here   |                 |           |                    | X           |
| Sign Here    Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete DackBuse or preparer other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   | 57        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign           | trust?          |           |                    | X           |
| Here  Under penalties of perparer of the proper of the pr   |           | If "Yes," see instructions for other forms the organization may have to file.  |                 |           |                    | T           |
| Firm's address ► FAIRFAX, VA 22033  May the iRS discuss this return with the preparer has any knowledge    DIRECTOR   Title   DIRECTOR   Instructions   Title   Date   Director   | 58        | Enter the amount of tax exempt interest received or accrued during the tax year >\$  |                 |           |                    |             |
| Here    Signature of officer   Date   Title   |           | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be | st of my knowle | dge and b | elief, it is true, |             |
| Paid Preparer Use Only    Print/Type preparer's name  | Sign      | correct, and complete Dackfillion or preparer tother than taxpayer) is based on all information of which preparer has any knowledge    | <del></del>     |           |                    |             |
| Paid Preparer Use Only    Print/Type preparer's name   Preparer's signature   Date   Check X if self- employed   Print/Type preparer's name   Preparer's signature   Date   Check X if self- employed   Print/Type preparer's name   Preparer's signature   Date   Check X if self- employed   Print's name   Print's name   Print's name   Preparer's signature   Preparer's signature   Print's name   Preparer's signature   Date   Check X if self- employed   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Preparer's signature   Print's name   Preparer's signature   Preparer's signature   Print's name   Preparer's signature   Preparer's signature   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Preparer's signature   Print's name   Preparer's name   Preparer's signature   Print's name   Print's name   Preparer's name   Prepare   | Here      | DIRECTOR   |                 |           |                    |             |
| Paid Preparer Use Only    Print/Type preparer's name  |           |  |                 | _         |                    | ☐ No        |
| Paid Preparer Use Only         KEVIN F. REILLY         KEVIN F. REILLY         KEVIN F. REILLY         09/30/19         self-employed         P00543034           Firm's name         ▶ PBMARES, LLP         Firm's EIN         ▶ 54-0737372           12150 MONUMENT DRIVE, SUITE 350         Phone no. 703-385-8577   |           | Print/Type preparer's name Preparer's signature Date Chec  |                 | ,         | <u> </u>           | لئے=        |
| Preparer Use Only         KEVIN F. REILLY         KEVIN F. REILLY         09/30/19         P00543034           12150 MONUMENT DRIVE, SUITE 350         Firm's address         ► FAIRFAX, VA 22033         Phone no. 703-385-8577  |           |  |                 |           |                    |             |
| Use Only   Firm's name   PBMARES   LLP   Firm's EIN   54-0737372   12150   MONUMENT   DRIVE   SUITE   350   Phone no.   703-385-8577  |           | WENTE DETILY WENTE DETILY 09/20/19   | unproyeu        | Pnn       | 543034             | 4           |
| 12150 MONUMENT DRIVE, SUITE 350  Firm's address FAIRFAX, VA 22033 Phone no. 703-385-8577  | •         | DDMADEC IID  | n's FIN         |           |                    |             |
| Firm's address ► FAIRFAX, VA 22033 Phone no. 703-385-8577   | Use C     |  | 1 2 LIIV        | <u> </u>  | 3,3,3              |             |
|   |           |  | ne no 70        | 3-35      | 5-257              | 7           |
|   | 822711 01 |  | me no. 7 U      |           |                    |             |

Form 990-T (2018)

Form 990-T (2018) FOUNDATION, INC.

| Schedule A - Cost of Good  | <b>s Sold.</b> Enter n | nethod of invent  | ory valuation ► N/A   |  | <del></del>   | _                                   |  |              |
|--|------------------------|-------------------|---|--|---|-------------------------------------|--|--------------|
| 1 Inventory at beginning of year   | 1                      |                   | 6 Inventory at end of year  | ar   |   | 6                                   |  |              |
| 2 Purchases  | 2                      |                   | 7 Cost of goods sold. S   |  | ine 6   |                                     |  |              |
| 3 Cost of labor  | 3                      |                   | from line 5. Enter here   | and in F   | Part I,   | <u> </u>                            |  |              |
| 4a Additional section 263A costs   |                        | · <del></del>     | line 2  |  | ·   | 7                                   |  |              |
| (attach schedule)  | 4a                     |                   | 8 Do the rules of section   | 1 263A (\  | with respect to   |                                     | Yes  | No           |
| <b>b</b> Other costs (attach schedule)   | 4b                     |                   | property produced or  | acquired   | for resale) apply to  |                                     |  | 1. 1         |
| 5 Total. Add lines 1 through 4b  | 5                      | _                 | the organization?   | •  | ,,  |                                     | <u> </u>                                       | .            |
| Schedule C - Rent Income (see instructions)  | (From Real F           | Property and      | Personal Property   | Lease  | ed With Real Pro  | perty)                              |  |              |
| Description of property  |                        |                   |   |  |   |                                     |  |              |
| (1)  |                        |                   |   |  | <del>-</del>  | -                                   |  |              |
| (2)  |                        |                   | · <del></del>   |  |   |                                     |  |              |
| (3)  |                        |                   |   |  |   | -                                   |  |              |
| (4)  |                        |                   |   |  |   |                                     |  |              |
|  | 2. Rent received       | or accrued        |   |  |   |                                     |  |              |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%      | e than                 | ` 'of rent for pe | d personal property (if the percent<br>rsonal property exceeds 50% or it<br>is based on profit or income) | tage<br>f  | 3(a) Deductions directly columns 2(a) an                                  | connected with<br>d 2(b) (attach so | the income i<br>hedule)                        | ın           |
| (1)  | Ī                      |                   |   |  |   |                                     |  |              |
| (2)  |                        |                   |   |  |   |                                     |  |              |
| (3)  |                        |                   | _   |  |   |                                     |  |              |
| (4)  |                        |                   | <u>.</u>  |  |   |                                     |  |              |
| Total  | 0.                     | Total             |   | 0.   |   |                                     |  |              |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                             |                        | r<br>•            |   | 0.   | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | <b>&gt;</b>                         |  | 0.           |
| Schedule E - Unrelated Del   | bt-Financed            | income (see ir    | nstructions)  |  |   | -                                   |  |              |
|  |                        |                   | 2. Gross income from  |  | Deductions directly control to debt-finance                               | ed property                         | _  |              |
| 1. Description of debt-fit   | nanced property        |                   | or allocable to debt-<br>financed property  | (a)  | Straight line depreciation<br>(attach schedule)                           | ` (attac                            | ner deduction<br>ch schedule)                  | 1            |
| THEOME TARNER ON   | DDOGDAM                | -                 | <del></del>   |  |   | STATE                               | WEIL.  | 4            |
| (1) INCOME EARNED ON   | PROGRAM                |                   | 2 214 026   | -  |   | 1 2                                 | EE2 0  | 02           |
| (2) INVESTMENTS  |                        |                   | 3,214,036.  | <del> </del>                                     |   | 4,                                  | 552,0  | 103.         |
| (3)  |                        |                   |   | +  |   | <del> </del>                        |  |              |
| (4)  |                        |                   |   | -  |   | ļ                                   |  |              |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)     STATEMENT 5 |                        | ed property       | <ol><li>Column 4 divided<br/>by column 5</li></ol>  |  | 7. Gross income reportable (column 2 x column 6)                          | (column 6                           | cable deduct<br>ix total of co<br>a) and 3(b)) |              |
|  | DIATEM.                | ENI O             | %   |  |   | <del> </del>                        |  |              |
| (1)<br>(2) 866,021.  |                        | 866,021.          | 100.00%   | 1  | 3,214,036   | 2                                   | 552,0  | 83.          |
| (2) 866,021.<br>(3) (4)  |                        | 000,021.          | **************************************  | <del>                                     </del> | 3,214,030   |                                     | ,,,,   |              |
| (3)  |                        |                   |   |  |   | <del> </del>                        |  |              |
| STATEMENT 2  | ያጥልጥፑነ                 | MENT 3            |   | <del>  -</del>                                   | nter here and an area 1   | Enter h                             | and on not                                     | 70.1         |
| OIAIEMENI Z  | SIMIL                  |                   |   |  | onter here and on page 1,<br>Part I, line 7, column (A)                   | Part I, Iin                         | e and on pag<br>e 7, column                    | (B)          |
| Totals   |                        |                   | <b>&gt;</b>   |  | 3,214,036   | . 2,                                | <u>552,0</u>                                   | <u> 183.</u> |
| Total dividends-received deductions in   | icluded in column 8    | }                 |   |  | <b>•</b>  | 1                                   |  | 0.           |

| _ | 2  | 1 | O | 2 | Λ | A | $\mathbf{a}$ | 0  |
|---|----|---|---|---|---|---|--------------|----|
| О | 2- | T | O | 4 | υ | 4 | y            | Ö. |

| Schedule F - Interest,              | Annuitie                                  | s, Roya                           | Ities, ar                         | nd Rent  | s From C  | ontroll  | ed Organiz  | zatio                 | ns (see ins  | struction           | ıs)   |
|-------------------------------------|---|-----------------------------------|-----------------------------------|--|---|--|---|-----------------------|--|---------------------|---|
|                                     |   |                                   |                                   | Exempt   | Controlled O  | rganızatı  | ons   |                       |  |                     |   |
| 1 Name of controlled organization   | tion                                      | <b>2</b> . Em<br>identifi<br>num  | cation                            |  | related income<br>e instructions)                                       | 4. Tot<br>payr                                       | al of specified<br>nents made   | includ                | rt of column 4<br>led in the cont<br>ation's gross | rolling             | 6. Deductions directly connected with income in column 5                                    |
| (1)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (2)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (3)                                 | -   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (4)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| Nonexempt Controlled Organi         | zations                                   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| 7. Taxable Income                   |   | nrelated incor<br>ee instruction  |                                   | 9. Total   | of specified pay<br>made  | ments  | 10. Part of column the controllingross  | nn 9 tha<br>ing organ | nization's   |                     | ductions directly connected<br>n income in column 10  |
| (1)                                 |   |                                   |                                   |  |   |  | -   |                       |  |                     |   |
| (2)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     | ·   |
| (3)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (4)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     | -   |
|                                     |   |                                   |                                   |  |   |  | Add colun<br>Enter here and<br>line 8, c  |                       | e 1, Part I,<br>A)                                 | Enter h             | dd columns 6 and 11<br>here and on page 1, Part I,<br>line 8, column (B)                    |
| Totals                              |   |                                   |                                   |  |   | <u>▶</u>   |   |                       | 0.   |                     | 0.  |
| Schedule G - Investme (see insti    |   | me of a                           | Section                           | 501(c)(  | (7), (9), or  | (17) Or  | ganization  | 1                     |  |                     |   |
| 1. Desc                             | ription of inco                           | me                                |                                   |  | 2. Amount of  | income   | <ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol> | cted                  | 4. Set-<br>(attach s                               | asides<br>schedule) | <ol> <li>Total deductions<br/>and set-asides<br/>(col 3 plus col 4)</li> </ol>              |
| (1)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (2)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (3)                                 |   |                                   |                                   |  |   |  | ·   |                       |  |                     |   |
| (4)                                 |   |                                   |                                   | -  |   |  |   |                       |  |                     |   |
|                                     |   |                                   |                                   |  | Enter here and<br>Part I, line 9, co                                    |  |   | • ;                   | ,  |                     | Enter here and on page 1,<br>Part I, line 9, column (B)                                     |
| Totals                              |   |                                   |                                   | <u> </u>   |   | 0.   |   |                       | •  | <u> </u>            | 0.  |
| Schedule I - Exploited (see instru  | -   | Activity                          | / Incom                           | e, Othe  | r Than Ac   | lvertisi   | ng Income   | •                     |  |                     |   |
| Description of exploited activity   | 2. G<br>unrelated<br>incomi<br>trade or t | business                          | directly of<br>with pro<br>of unr | penses<br>connected<br>oduction<br>related<br>s income | 4. Net inconfrom unrelated business (cominus colum gain, comput through | trade or<br>olumn 2<br>n 3) If a<br>e cols 5         | 5. Gross inco<br>from activity to<br>is not unrelate<br>business inco             | hat<br>ed             | <b>6.</b> Exp<br>attribut<br>colur                 | able to             | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (2)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (3)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (4)                                 | Enter her<br>page 1,<br>line 10,          | , Part I,<br>col (A)              |                                   |  | <i>(</i> ************************************                           | · ·  | •   | • •                   |  | · · ·               | Enter here and<br>on page 1,<br>Part II, line 26  |
| Totals -                            |   | 0.                                |                                   | 0.   |   |  |   |                       |  |                     | 0.  |
| Schedule J - Advertisi              |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| Part I Income From                  | Periodic                                  | als Rep                           | orted o                           | n a Con  | solidated   | Basis  |   |                       |  |                     |   |
| 1. Name of periodical               |   | 2. Gross<br>advertising<br>income |                                   | 3. Direct ertising costs                               | or (loss) (c  | tising gain<br>ol 2 minus<br>ain, comput<br>nrough 7 | 5. Circulat<br>e income   |                       | 6. Reade<br>cost                                   |                     | 7. Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     |   |
| (2)                                 |   |                                   |                                   |  | ]   |  | •   |                       |  |                     | , , , , , , , , , , , , , , , , , , ,   |
| (3)                                 |   |                                   |                                   |  |   | ,  |   |                       |  |                     | •   |
| (4)                                 |   |                                   |                                   |  |   |  |   |                       |  |                     | -   |
| Totals (carry to Part II, line (5)) | •   |                                   | 0.                                | 0  |   |  |   |                       |  |                     | 0.<br>Form <b>990-T</b> (2018)  |

Form 990-T (2018) FOUNDATION, INC.

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical        |   | 2. Gross<br>advertising<br>income                        | 3 Direct advertising costs                               | Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income   | 6. Readership costs  | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|--|----------------------|--|
| (1)                         |   |  |  |  |  |                      |  |
| (2)                         |   |  |  |  |  |                      |  |
| (3)                         | Î |  | -  |  |  |                      |  |
| (4)                         | Î |  | -  |  |  |                      | <u></u> -  |
| Totals from Part I          | ▶ | 0.   | 0.   |  | ~~   | <u>. 1 3 % 31 % </u> | 0.   |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  | The state of the s |                      | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | ▶ | 0.   | 0.   | 1  |  |                      | 0 .  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| -                           | 1 Name                  | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|-----------------------------|-------------------------|----------|--|---|
| (1)                         |                         |          | %                                      |   |
| (2)                         |                         |          | %                                      |   |
| (3)                         |                         |          | %                                      |   |
| (4)                         |                         |          | %                                      |   |
| Total, Enter here and on pa | ige 1, Part II, line 14 |          | <b></b>                                | 0.  |

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

UNRELATED DEBT-FINANCED ACTIVITIES

TO FORM 990-T, PAGE 1.

| FORM 990-T | SCHEDULE E | - UNRELATED  | DEBT-FINANCED | INCOME | STATEMENT | 2 |
|------------|------------|--------------|---------------|--------|-----------|---|
|            | AV         | ERAGE ACQUIS | SITION DEBT   |        |           |   |

| DESCRIPTION OF DEBT-FINANCED PROPERTY  | ACTIVITY<br>NUMBER | AMOUNT OF<br>OUTSTANDING   |
|--|--------------------|--|
| INCOME EARNED ON PROGRAM INVESTMENTS   | 1                  | DEBT   |
| BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH |                    | 866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021.<br>866,021. |
| TOTAL OF ALL MONTHS<br>NUMBER OF MONTHS IN YEAR  |                    | 10,392,252.  |
| AVERAGE AQUISITION DEBT  |                    | 866,021.   |

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

| DESCRIPTION OF DEBT-FINANCED PROPERTY  INCOME EARNED ON PROGRAM INVESTMENTS  AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR 866,021.  AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR 866,021.  AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR 866,021.  TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5  FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS 2,349,544.  MANAGEMENT FEES 161,166.  LOAN ORIGINATION 32,032.  BOX RENTAL/SERVICE CHG FEES 9,341.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 2,552,083.  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1 866,021.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 866,021. | FORM 990-T SCHEDULE E - UNRELATED D AVERAGE ADJUSTED |             | INCOME              | STATEMENT 3 |
|--|--|-------------|---------------------|-------------|
| AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR 866,021.  AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR 866,021.  AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR 866,021.  TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5  FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS 2,349,544.  LOAN ORIGINATION 32,032.  BOX RENTAL/SERVICE CHG FEES 9,341.  - SUBTOTAL - 1 2,552,083.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 2,552,083.  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION ACTIVITY AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.   | DESCRIPTION OF DEBT-FINANCED PROPERTY                |             |                     | Z.          |
| AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR  AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR  B66,021.  TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5  FORM 990-T  SCHEDULE E - OTHER DEDUCTIONS  ACTIVITY NUMBER  AMOUNT  INTEREST EXPENSE ON PROGRAM INVESTMENTS LOAN ORIGINATION BOX RENTAL/SERVICE CHG FEES  - SUBTOTAL - 1  COTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  ACTIVITY NUMBER  AMOUNT  ACTIVITY NUMBER  AMOUNT  ACTIVITY NUMBER  AMOUNT  ACTIVITY NUMBER  AMOUNT  AMOUNT  AMOUNT  AMOUNT  ACTIVITY NUMBER  AMOUNT  AMOUNT  AMOUNT  TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  ACTIVITY NUMBER  AMOUNT  AMOUNT  AMOUNT  AMOUNT  ACTIVITY NUMBER  AMOUNT  B66,021.  B66,021.  | INCOME EARNED ON PROGRAM INVESTMENTS                 |             | 1                   | AMOUNT      |
| FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS 2,349,544.  MANAGEMENT FEES 161,166. LOAN ORIGINATION 32,032. BOX RENTAL/SERVICE CHG FEES 9,341.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 2,552,083.  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.   |  |             |                     |             |
| FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS 2,349,544.  MANAGEMENT FEES 161,166. LOAN ORIGINATION 32,032.  BOX RENTAL/SERVICE CHG FEES 9,341.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) 2,552,083.  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  | AVERAGE ADJUSTED BASIS OF PROPERTY FOR T             | HE YEAR     |                     | 866,021.    |
| DESCRIPTION  NUMBER  AMOUNT  TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS  INTEREST EXPENSE ON PROGRAM INVESTMENTS  AMANAGEMENT FEES  LOAN ORIGINATION  BOX RENTAL/SERVICE CHG FEES  - SUBTOTAL - 1  2,552,083.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  FORM 990-T  AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION  ACTIVITY  NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  ACTIVITY  NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1  866,021.   | TOTAL TO FORM 990-T, SCHEDULE E, COLUMN              | 5           |                     |             |
| DESCRIPTION  NUMBER  AMOUNT  TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS  INTEREST EXPENSE ON PROGRAM INVESTMENTS  AMANAGEMENT FEES  LOAN ORIGINATION  BOX RENTAL/SERVICE CHG FEES  - SUBTOTAL - 1  2,552,083.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  FORM 990-T  AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION  ACTIVITY  NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  ACTIVITY  NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1  866,021.   |  |             |                     |             |
| DESCRIPTION  NUMBER AMOUNT TOTAL  INTEREST EXPENSE ON PROGRAM INVESTMENTS AMANAGEMENT FEES LOAN ORIGINATION BOX RENTAL/SERVICE CHG FEES - SUBTOTAL - 1  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION  ACTIVITY NUMBER AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  ACTIVITY NUMBER AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1  866,021.   | FORM 990-T SCHEDULE E - OTHER                        | DEDUCTIONS  | ·                   | STATEMENT 4 |
| MANAGEMENT FEES LOAN ORIGINATION BOX RENTAL/SERVICE CHG FEES - SUBTOTAL - 1 2,552,083.  TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION ACTIVITY NUMBER AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY - SUBTOTAL - 1 866,021. 866,021.   | DESCRIPTION  |             | AMOUNT              | TOTAL       |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)  FORM 990-T  AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY  DESCRIPTION  ACTIVITY NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1  2,552,083.  2,552,083.  ACTIVITY NUMBER AMOUNT  TOTAL  866,021.  | MANAGEMENT FEES<br>LOAN ORIGINATION                  |             | 161,166.<br>32,032. |             |
| FORM 990-T  AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY   ACTIVITY NUMBER  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY  - SUBTOTAL - 1  866,021.   |  | 1           | 9,341.              | 2,552,083.  |
| ALLOCABLE TO DEBT-FINANCED PROPERTY  ACTIVITY NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY - SUBTOTAL - 1  866,021.   | TOTAL OF FORM 990-T, SCHEDULE E, COLUMN              | 3(B)        |                     | 2,552,083.  |
| ALLOCABLE TO DEBT-FINANCED PROPERTY  ACTIVITY NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY - SUBTOTAL - 1  866,021.   |  |             |                     |             |
| DESCRIPTION NUMBER AMOUNT TOTAL  AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  - SUBTOTAL - 1 866,021.  |  |             | -<br>TY             | STATEMENT 5 |
| AMOUNT OF AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY 866,021.  - SUBTOTAL - 1 866,021.   | DESCRIPTION  |             | AMOUNT              | TOTAL       |
| DEBT-FINANCED PROPERTY 866,021 SUBTOTAL - 1 866,021.   |  | <del></del> |                     |             |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 866,021.   | DEBT-FINANCED PROPERTY                               | 1           | 866,021.            | 866,021.    |
|  | TOTAL OF FORM 990-T, SCHEDULE E, COLUMN              | 4           |                     | 866,021.    |

| FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI              |                    |          | STATEMENT 6 |
|---|--------------------|----------|-------------|
| DESCRIPTION   | ACTIVITY<br>NUMBER | AMOUNT   | TOTAL       |
| AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY - SUBTOTAL - | 1                  | 866,021. | 866,021.    |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN                       | 5                  |          | 866,021.    |